

**The Ozone Application
School Year 2011-12**



Dear Parent,

Thank you for considering sending your child to The Ozone, a club exclusively designed to help middle school kids on their journey as they transition from elementary school through to high school. We'll provide transportation from school to the club, we'll work with them on their school work and provide a nutritious snack, we'll hang out playing, talking, laughing and growing together until 7pm each day.

Below you'll find the instructions for completing the registration process for The Ozone.

In order to reserve a spot in our program we'll need you to do the following:

1. Complete the Application Form:
 - a. Please specify which program you're interested in (Full Time, Part Time or Ad-hoc)
2. Provide a check for the Registration Fee of \$75
3. Mail it or drop it off at:

The Ozone
11169 Air Park Rd
Ashland, Va 23005

Please feel free to contact us if you have any questions or need any help. You can reach us by email at inquiries@contactozone.com, or call us at 804-798-7474.

Thanks and we look forward to seeing you at the club!

Mr. O

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Child's Information

Child's Name		Nickname	Date of Birth	Gender M or F
Street Address:			Home Phone	
City:	State:	Zip:		
Current School and Grade (Fall 2010)		Current Day Care Programs Child is Attending		
Previous Child Day Care Programs Attended				
Pertinent Developmental Information		Chronic Physical Challenges		Special Accommodations Needed
Circle Program of Interest: Full Time – 4-5 days/wk Part time - 1-3 days/wk Ad-hoc			Days: M T W R F Other	Transport Home? Y or N

PARENT AND/OR GUARDIAN INFORMATION

Father		Place Employed	Business Phone
Home Address			Home Phone
Primary Email Address		Secondary Email Address	
Primary Cell Phone		Secondary Cell Phone	
Mother		Place Employed	Business Phone
Home Address			Home phone
Primary Email Address		Secondary Email Address	
Primary Cell Phone		Secondary Cell Phone	

Person(s) or Agency Having Legal Custody of Child:			
Name		Place Employed	Business Phone
Home Address			Home phone
Primary Email Address		Secondary Email Address	
Primary Cell Phone		Secondary Cell Phone	

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EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, or Environmental Allergies with action to take in an Emergency:		
Child's Physician		Phone
Name and Relationship of Two People to Contact if Parent(s) Cannot be Reached:	Address:	Home, Work, Cell Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child:		
Person(s) NOT Authorized to Pick Up Child*:		

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

*NOTE: Section 11.1-4.3 of the *Code of Virginia* states unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The Ozone agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize The Ozone to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.**
3. The parent(s)/guardian(s) agree to inform The Ozone within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

SIGNATURES

_____	_____
<i>Parent / Guardian</i>	<i>date</i>
_____	_____
<i>Parent / Guardian</i>	<i>date</i>
_____	_____
<i>Ozone Administrator</i>	<i>date</i>

**If parent or guardian objects to authorizing The Ozone to seek emergency medical care, a statement must be provided giving the objection and reason.

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FOR OFFICE USE ONLY:

Date Child Entered Care: _____ Date Left Care: _____

IDENTITY VERIFICATION

If proof of identity is required, please fill out the following:

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof	Date Documentation Viewed	Person Viewing Documentation	

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school, or the center transfers responsibility of the child directly to the school (i.e., before and after school programs). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the code of Virginia states that proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (1) shredding, (2) erasing, or (3) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

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After School Care – Parental Agreement

Please initial beside each statement below stating your agreement with each policy and provide your signature at the bottom.

_____ I give permission for The Ozone to transport my child in After School Care designated vehicles for transportation from the school to the site and during field trips.

_____ I agree that The Ozone will notify me whenever my child becomes ill. I also agree that I will arrange to have my child picked up as soon as possible if so requested by The Ozone.

_____ I authorize The Ozone to obtain immediate medical care if any emergency occurs when the custodial parent/guardian cannot be located immediately.**

_____ I agree to notify The Ozone within 24 hours or one business day if my child or anyone in his/her immediate household is diagnosed with any reportable communicable disease. I also agree to notify The Ozone if my child is absent from school and will not be picked up for the After School Care program.

_____ I understand that accidents may occur both from my child's participation in activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release The Ozone, its employees, volunteers, independent contractors, directors, and agents from all liability based on any damage, loss, or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

_____ I understand that The Ozone operates as an after school club, and not a licensed day care. I have read the section describing this in the Parent Handbook and understand my child has the freedom to enter and leave the facility. I have discussed this with The Ozone and fully understand this policy and their position.

_____ I agree/ disagree (**please circle one**) to allow my child to be photographed while at The Ozone and the picture to be used in Marketing materials or newspaper articles.

** If there is any objection to seeking emergency medical care, a statement should be obtained from the custodial parent/guardian that states the objection and the reason for this objection.

If there are any questions, please contact The Ozone at (804)798-7474.

Custodial Parent/Guardian signature

Child's Name

Date

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Child Background Form

In an effort to get to know your child as quickly as possible, we would appreciate your completing the following information. We will make every effort to abide by your preferences, especially in the areas of internet and cell phone usage, and we will try to make every day here at The Ozone a positive one for your child. We encourage you to let your child fill out the form and you review it.

Child's Name _____

Nickname _____ Date of birth ____/____/____

School attending _____ Grade level _____

LIKES: (i.e. Food, activities, social, etc)

DISLIKES: (i.e. Food, activities, social, etc)

Extra-curricular involvement:

Other interests:

Please circle the following:	Cell phone usage ok?	Y	N		
	Internet usage ok?	AIM	Y	N	
		Facebook	Y	N	
		Twitter	Y	N	
		My Space	Y	N	
		Other?	_____		